

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041894

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10616

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 31 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b <b>1 Day</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>4435 Labadie Avenue</b>	
3. NAME OF DECEASED (Type or print) <b>Matilda Palmberger</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-10-87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
13a. FATHER'S NAME <b>Hyacinth Smied</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine (Unknown)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>600-0</b>	
17. INFORMANT <b>Mr. Mathias Palmberger, Labadie</b>		Address <b>4435</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>E. Coli Septicemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>acute pyelonephritis</b>		<b>unknown</b>	
DUE TO (c) <b>Arteriosclerotic cardiovascular disease</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>no injury</b>	
20c. TIME OF INJURY Hour <b>11:45 A</b> Month, Day, Year <b>10/23/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis County Mo.</b>	
21. I attended the deceased from <b>6/13/61</b> to <b>10/23/63</b> and last saw her alive on <b>10/23/63</b> Death occurred at <b>11:45 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>4511 Forest Park</b>	
22a. SIGNATURE (Degree or title) <b>David M. Lieberman, M.D.</b>		22c. DATE SIGNED <b>10/25/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
23c. LOCATION (City, town, or county) <b>St. Louis County Mo.</b>		23d. DATE RECD. BY LOCAL REG. <b>OCT 25 1963</b>	
24. FUNERAL DIRECTOR <b>Drehmann-Harral, 1905 Union Blvd.</b>		24. REGISTAR'S SIGNATURE <b>Coal Smith, M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. David Lieberman  
4511 Forest Park  
Fo 1-5300  
Hrs. 1-4 Fri.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 44307

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.